

physicians, loyal to like standards of professional practice.

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Lay Director of Department to be Executive Officer of Board of Medical Examiners.—"The director of the department shall be the executive officer of each of the boards herein mentioned. Each board may elect one of their own members as secretary and fix his salary with the approval of the Director of Finance."

Query.—To what extent would this new director of the department as "the executive officer of the Board of Medical Examiners" dominate or determine what its action should be, or how its decisions should be carried out? Is it fair to thrust on a layman, responsible not only for his entire department, but also as executive officer, for every one of the dozen or more other boards taken over, so serious a group of responsibilities as of necessity come to that citizen who is the executive officer of the Board of Medical Examiners of California?

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New Lay Director Has Full Authority to Employ Deputies of the Board.—"In accordance with Civil Service regulations, the director shall have full authority to employ all employees necessary to properly administer the work of the department and the work of the boards. Upon the nomination of the respective boards mentioned herein, investigators and attorneys may be employed by the director of the department to assist said boards in prosecuting violations of their respective acts."

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Monies Collected.—"All monies collected by the department for and in behalf of the activities of each respective board mentioned herein, shall be remitted to the State Treasury in accordance with law for credit to the respective funds now in existence for each board."

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Very Important That These Excerpts Be Studied.—The above excerpts are here presented because the licensure of physicians and surgeons is a matter in which the California Medical Association, its component county societies, and its more than four thousand members are all intensely interested. To what extent the final draft of this measure, which will be presented to the legislature in January, will vary from the tentative copy which has come into the hands of the writer, we do not know. We are of the opinion, however, that the provisions in which we as physicians are interested, will be somewhat in line with the excerpts here printed.

The important thing before us now is this: that as individuals and through our county and state associations, we give this very important subject some prompt and preliminary thought. Such thought will place us in better position to

later on indicate wherein we agree or disagree with the plan of the proposed department, insofar as the medical profession of California and the California Medical Association are concerned.

CLOSED HOSPITAL PROFESSIONAL COURTESY—CONSULTATIONS— EXCESSIVE FEES

Hospital Standardization.—The leaders in the medical profession have always given full endorsement and hearty support to the general efforts which are intended to make all hospitals measure up to proper standards of efficiency in service of sick and injured fellowmen.

The more recent and concerted effort to maintain through national bodies a supervision of American hospitals, so that those of acceptable standard could be so rated and so accredited to both lay and professional worlds has also had a very generous and whole-hearted support.

Such support does not mean, however, that whatever a so-called standardized or accredited hospital, through either its executive or professional staffs may promulgate or do, must necessarily be right, or be worthy of united support from the medical profession of the community.

For it is quite possible that some of the means which have been adopted in order to better or more rapidly attain certain desired ends in hospital standardization, as time goes on, may be found wanting; either because of undesirable features inherent in the means used, or which may subsequently develop.

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Courtesy, as Part of the Art of Medicine.—The practice of medicine partakes not only of a science but of an art. The practice of the art of medicine is worthy of the best thought of every physician, and is usually well understood by truly successful physicians. Among other things, the art of medicine takes in to special account the approach to the patient, but includes also the approach and relation of one physician to other physicians. There is an art in making such approaches become real aids in the promotion of the best interests of the patient and of the profession.

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Courtesy Among Physicians—A Closed Hospital Incident.—Thoughts such as those in the preceding paragraph came to us, when our attention was called to a recent experience of a well-known colleague. This experience presents some phases which may be worthy of consideration from the standpoint of individual and hospital staff courtesy procedures.

The case at issue was as follows:

A layman in one of the large cities of California, who was suffering from some joint trouble, was sent to a "closed hospital"—an institution in which only regular staff members were permitted to operate. The investigation of the patient's trouble led to the advice, since the tonsils might be one of the foci of infection, that the tonsils be enucleated. Upon being informed to that

effect, the patient stated he would wish to have the operation done by a certain nose and throat specialist whom he personally knew. In passing, it may be stated that this particular otolaryngologist was as well known in the community for the excellence of his professional work as were the colleagues who had advised tonsil enucleation. Now what happened?

The patient in effect was told that he was in a "closed hospital"; that its staff members worked in their own group; that the tonsil enucleation could be done to the best advantage of all concerned, if a certain otolaryngologist on the "closed hospital" staff performed the operation. The patient was not pleased at the suggestion, but at the end of two or three days gave in. Thus were the sanctity and tradition and procedures of the "closed staff" maintained!

A consideration of the facts as just given must necessarily inspire the question: Was the above procedure a good example of professional courtesy and ethics?

To put the proposition in its mildest terms, was not the procedure somewhat of an expression of too great a satisfaction with members of one's own group? A baser question could also come into one's mind, as to whether the fee of the patient so referred, could also have been a factor in maintaining the presumable supercordial and superloyal devotion of the closed staff members, which evidently existed in this group of this closed staff?

Upon what grounds could the facts as here given be satisfactorily defended? How were the standards of this particular closed hospital better maintained or advanced by such conduct? How can the closed staff colleagues who were parties to this transaction adequately explain why they acted in this wise, and in a manner that was far from ideal professional courtesy and conduct? Their own well-known and excellent personal professional attainments would not excuse the misconduct, if such it was. Rather would it make the improper conduct just that much more unpardonable and worthy of condemnation.

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The Limitations of Loyalty.—Loyalty is one of the fundamental virtues, and one which every successful man must have. But loyalty in the medical profession should not be limited to one's narrow circle of personal professional friends. If it reach not to the interests and rights of patients first of all, and then to the profession as a whole, it becomes not real and genuine loyalty of high type, but only a make-believe gesture of such.

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Factors in Choosing Consultants.—It is quite proper that every medical man should have the right to choose his personal professional friends, and to decide to whom he wishes to refer a patient who may need services outside his own field of work. But in so doing, he should be honest with himself and to his patient. If the patient is told that this or the other work should be done, the

patient should not be permitted to get the impression that unless it is done by a special professional friend of the doctor in charge, the work will not, or may not, be well done.

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Excessive Fees.—In similar manner it is quite proper for a physician or surgeon to make his own fee with a patient. If, however, for good reasons, the patient feels that the fee is beyond his means, then the doctor making the fee has either the option of making a reduction in the fee, or of stating that such and such colleagues are well trained men, but do not charge as high a fee. It is certainly very bad form to let a patient carry away the thought that unless the high fee doctor is permitted to operate, the patient's subsequent health or even life may be in jeopardy. Most of us know of instances where that has practically occurred.

In this last paragraph, our comments were intended to apply, especially not to physicians and surgeons who charge fees that somewhat approximate the average for any type of service, but to that limited group of practitioners who use a very high fee schedule and reputation as a presumable basis for attracting a certain type of patient who is apt to construe excellence of end result, to be synonymous with the greater size of the fee. If such practitioners confined their excessive fee activities to such type of persons, the transfer of pocketbook relationships would need excite no more sympathy than it does when the same procedure is carried out in certain so-called superexcellent and exclusive fashion shops and stores.

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Obligations When Very High Fees Are Charged.—The indignation of the profession at large is not in regard to the foolish thinking patients, to whom reference has just been made, for such often deserve what they get. The breach of faith takes place when the high fee colleague states the fee to a patient, to whom a real hardship would be created by payment of such an excessive fee; and does not state that through the county medical unit, or from a list of colleagues he himself can give, that the patient can find able professional aid within the patient's financial means. We can all of us remember, to our own good profit and to the benefit of the profession in which we are disciples, that the number of superphysicians who stand head and shoulders above their fellows in the daily practice of the healing art, are few, very few indeed. And certainly if such superexcellence does exist, it should not justify excessive fee procedures which can bring into disrepute the profession as a whole, as well as more honest-minded and acting colleagues. Members of the medical profession are entitled to the financial emoluments which should come to those who give good service in any business or profession, and who have spent money and energy in large and generous amounts, in order to acquire such efficiency. Nevertheless, the standards laid down by the men

who are the real leaders of the profession in any community, should be taken as the basis of what such money emoluments might well and fairly be, and then always, with the restrictions in mind, as above laid down.

PATHETIC EXHIBITION OF ANTIVIVISECTION PSYCHOLOGY

Mental Aberrations.—Physicians, because of their training for, and through the practice of the art and science of medicine, are called upon to be observant of the psychologic slants of patients and of lay fellows. Mental obsessions are frequently noted by physicians, and the study of such is naturally of interest to them.

Faddists of all sorts exist, and each group presents its peculiar mental variations and eccentricities. The class of individuals, often mentally well meaning to a considerable degree, who individually and collectively call themselves antivivisectionists may be styled good exhibits, of what small influence modern day scientific knowledge and advances seem to have on the mental workings of a certain number of fellow citizens.

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Callousness Regarding Injury to Animals Through Hunters.—For instance, the great majority of human families in the Occident are meat-eaters, and as such suffer animals to be killed by this, that or the other method, in order that meat food may be provided for their personal enjoyment, comfort and well-being. In addition to the slaughter of animals by various means, in establishments designed for that end, people of the Occident permit the men folks of their families to go abroad during the different game seasons, and shoot with intent to kill, game which the law at the time does not protect. The world knows that because of the poor marksmanship of the majority of such hunters, thousands upon thousands of water and other fowl and of small four-footed animals are not killed, but only mortally wounded; their poor bodies left to be tortured by pain, starvation and other suffering until death comes with its relief. Of all this daily and massive recurrence of injury to animal life, often in no other interest than that of the so-called sport that is associated with the hunting of wild game, the antivivisectionists as a rule concern themselves little or not at all.

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Supersensitiveness Regarding Laboratory Animals.—But with that comparatively limited number of lower animals, such as dogs, cats, mice and monkeys, that are to be found in biologic laboratories of universities and medical institutions, antivivisectionists seem most tremendously concerned. The fact that these animals, in these universities and medical institutions, in nearly all instances are observed and experimented upon in most humane manner; and with the object in mind, to advance human knowledge so that human life and human usefulness and happiness may be

the better conserved, is not permitted to register in the mental consciousness of these benighted and self-constituted protectors of the small number of animals that are to be found in biologic laboratories.

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Antivivisectionist Propaganda—Some of Its Expressions.—Many antivivisectionists practically deny that through such experimentation, any knowledge of value to the conservation of human life and happiness is brought into being. Some antivivisectionists go farther than this avowal of disbelief. They organize themselves into militant organizations to bring into operation laws that practically forbid, or greatly handicap, experimentation upon lower animals, no matter for what beneficent purpose to the human race intended; and in addition carry on a vigorous and persistent propaganda to reach all fellow citizens, who for this, that, or the other special reason, would be apt to listen to their specious arguments and pleadings.

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An Example of How They Work.—The above leads us to recount an experience which during the last month came under our personal notice. It was an experience that led us to believe that our own personal opinion which we held of the narrowness of viewpoint of the group of individuals referred to, had not rested altogether on premises based on personal or professional prejudice.

The story is a simple one. A friend lost a dog. The animal was not pedigreed, but because of its affection and temperament, had become very dear to the husband and wife, who were in well-to-do circumstances. The dog, a wire-haired terrier, disappeared, was advertised for in the papers and police bulletins, and a reward of one hundred dollars was offered for the return of the animal. This advertisement brought to the wife a post card dated Los Angeles, on the reverse side of which was printed the following gem:

"New York Antivivisection Society
"1860 Broadway, New York City

"If you have not already found the dog advertised, we suggest that you search in the nearest medical laboratory, as animals are often stolen and sold for experimental purposes. Do not let them bluff you off, but be persistent.

"You may be a believer in vivisection, in which case you would be as willing to have your own dog sacrificed as another; but, if not, you will justly wish to save your dog from torture."

This post card was brought to the writer by the wife of his friend, with the request for aid in obtaining permission to go through the medical institutions of the city, in order that she might be certain that the dog was not being "vivisected."

Because at times the activities of the organized antivivisectionists have brought into existence ordinances and laws, based on what might be called at best only kindly or maudlin sentiment; but which once on the statute books become inimical factors against the progress of medical science and of human welfare, this example of